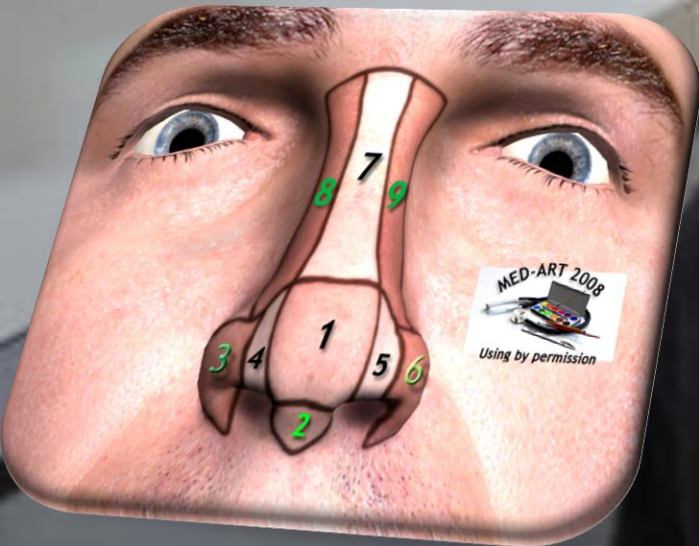


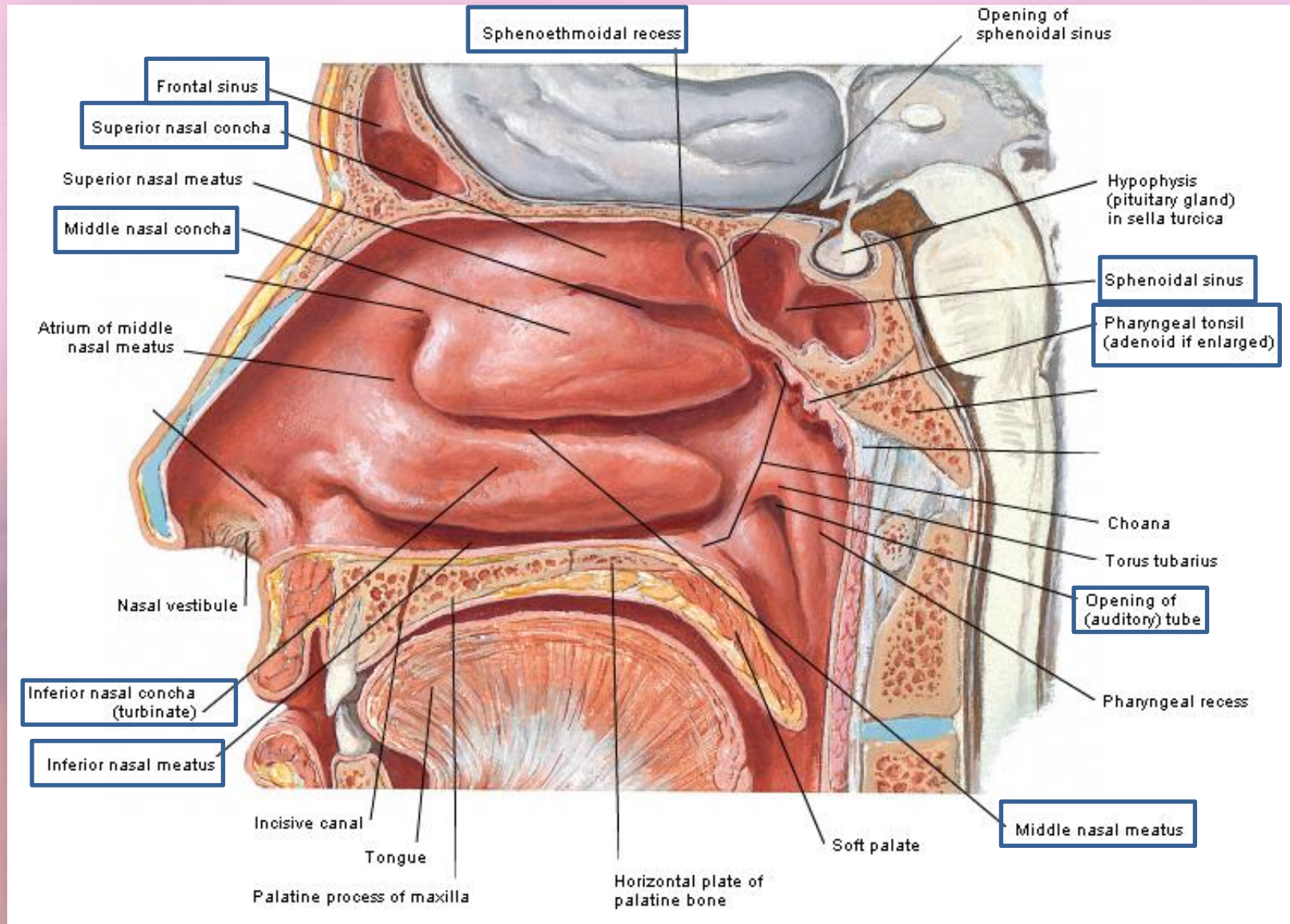
Rhinology Clinical Spots

By: faree2 el ma7azeez
Round 6

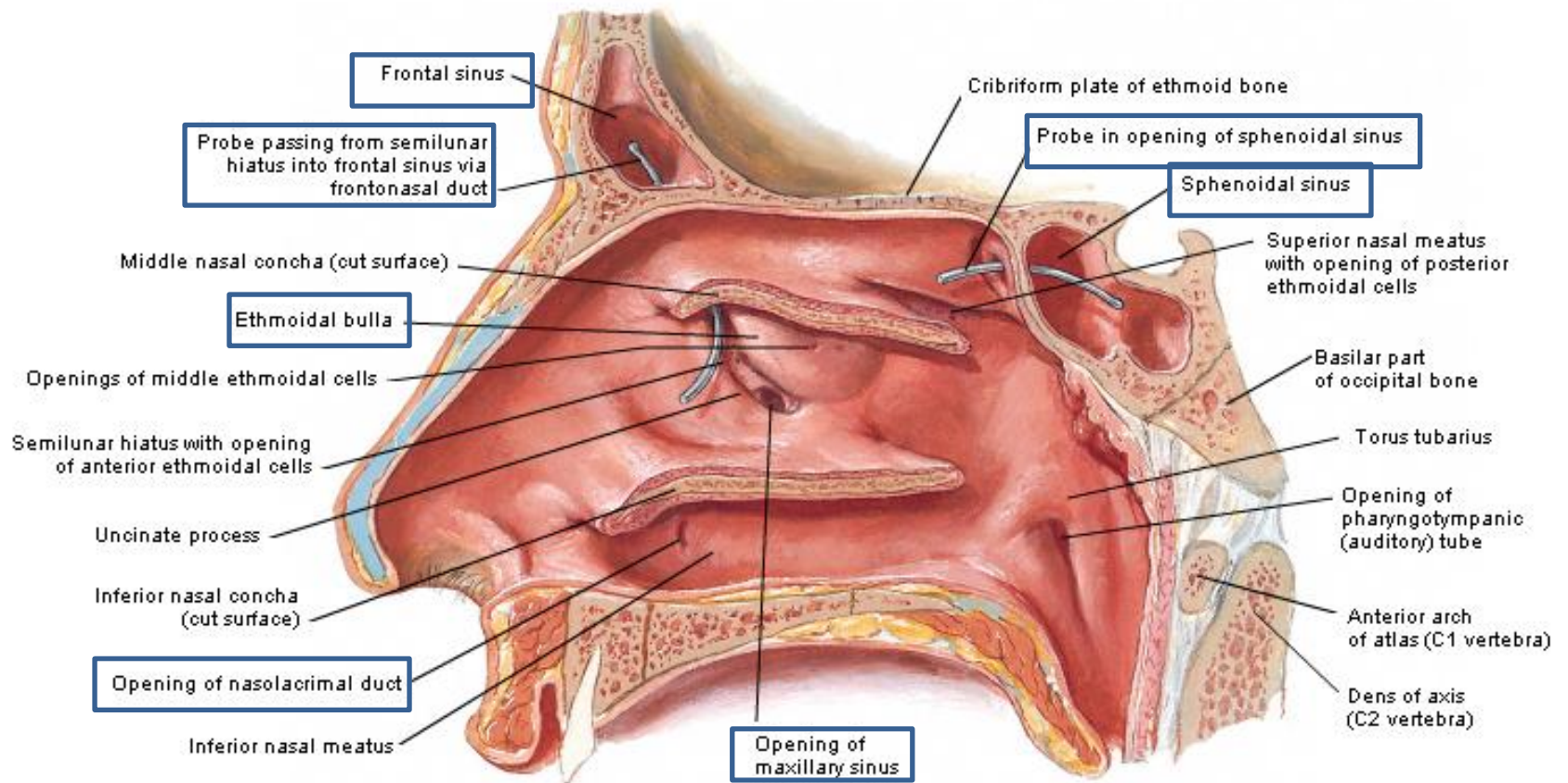


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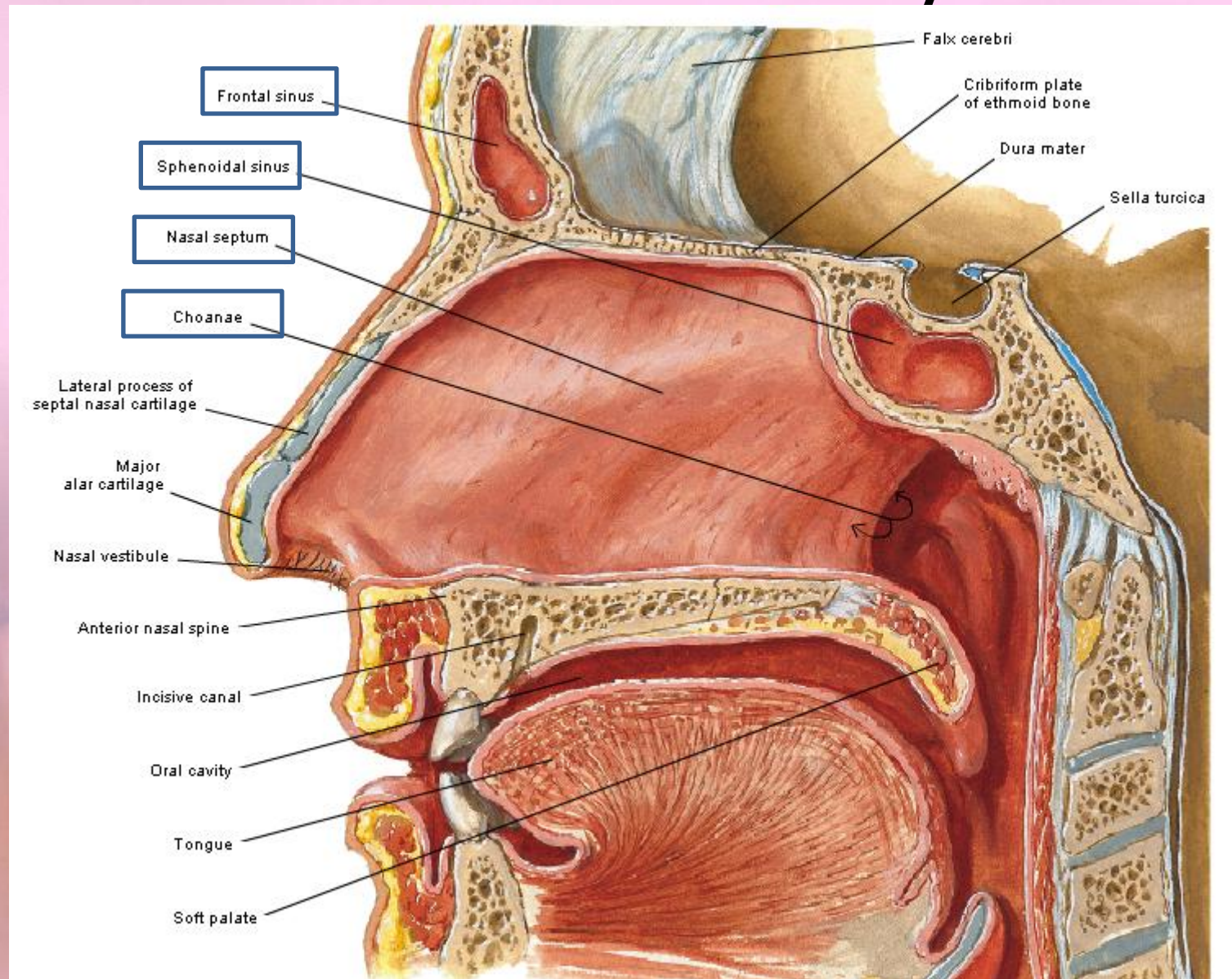
Normal Anatomy



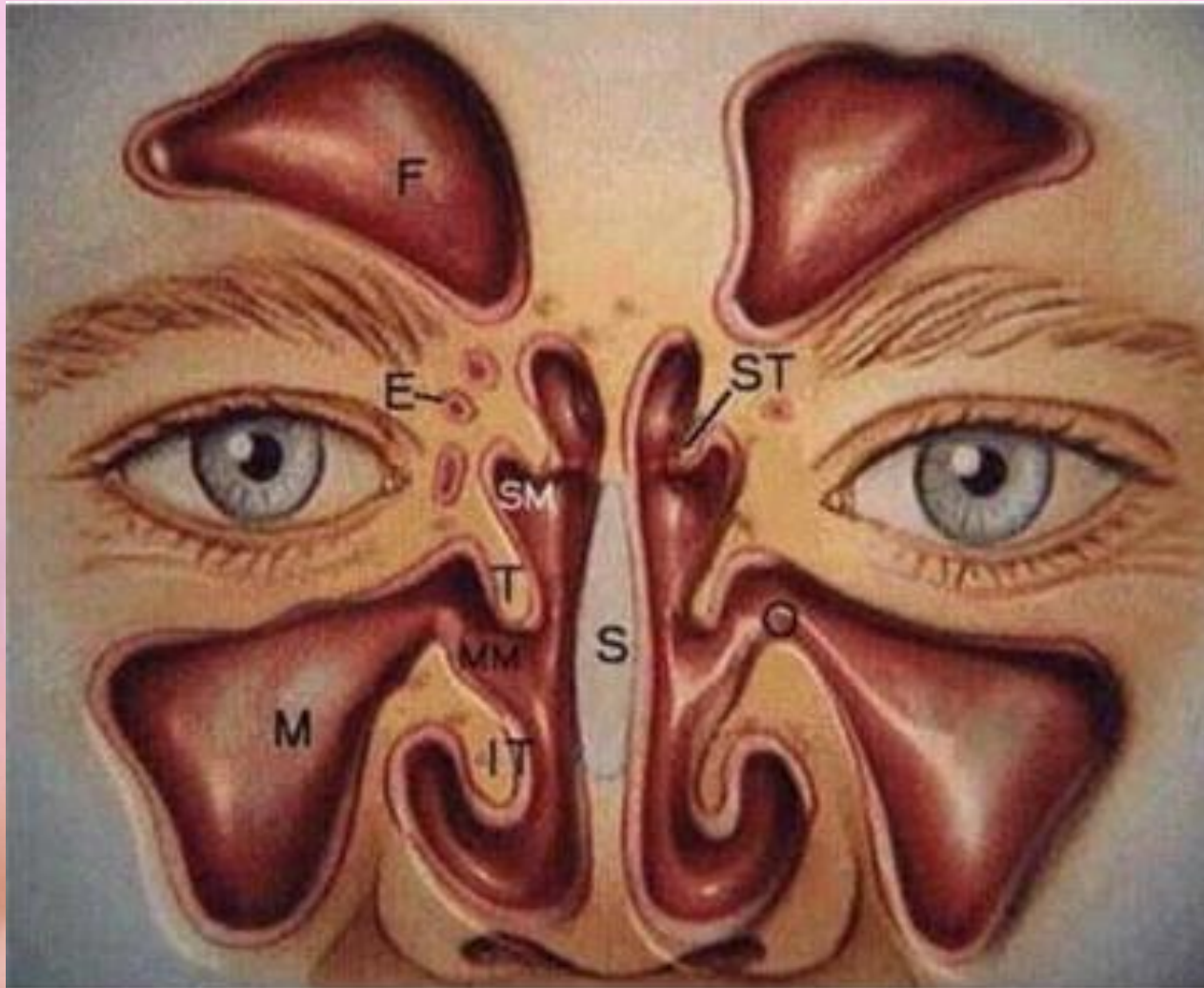
Normal Anatomy



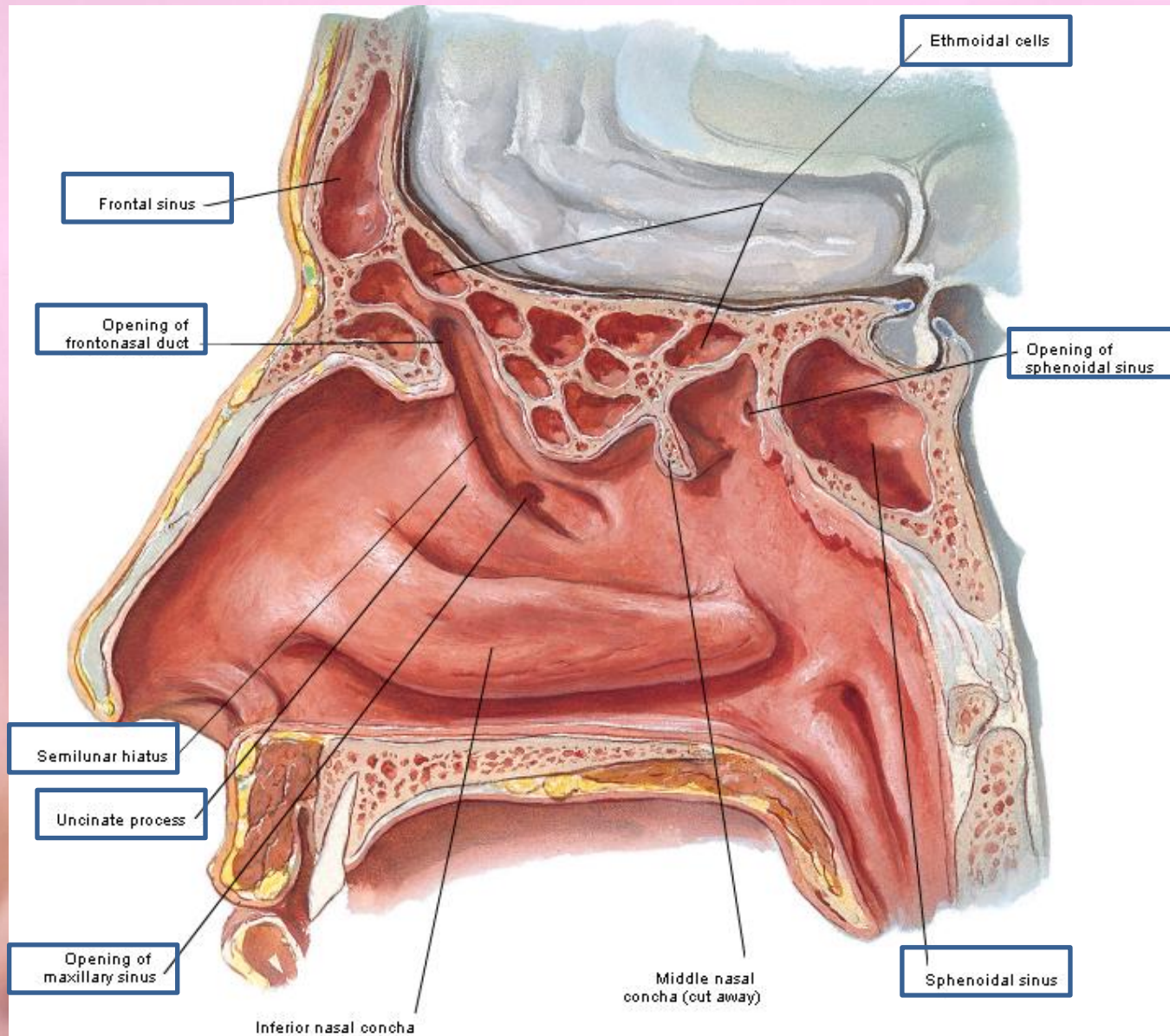
Normal Anatomy



Paranasal sinuses

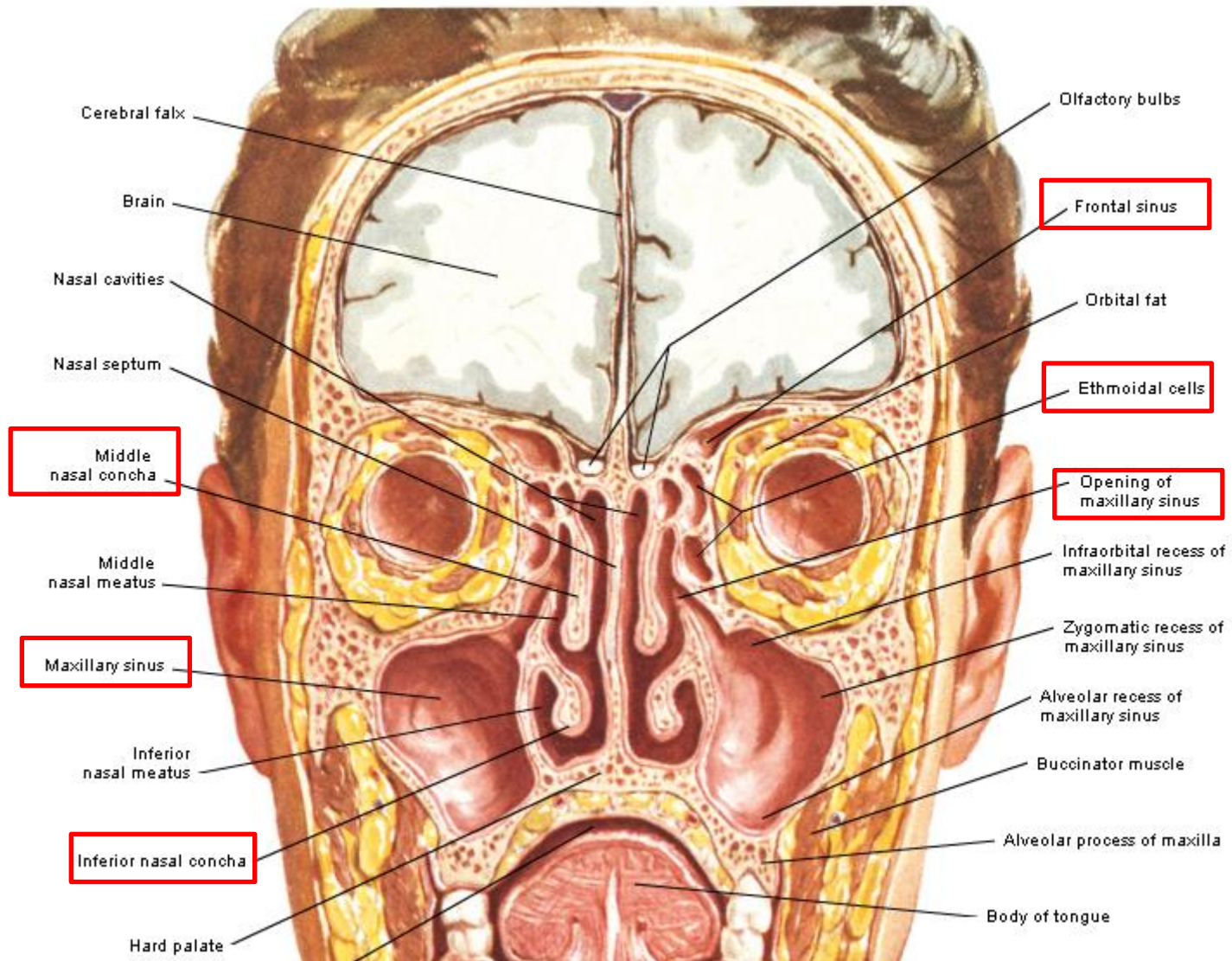


Paranasal sinuses



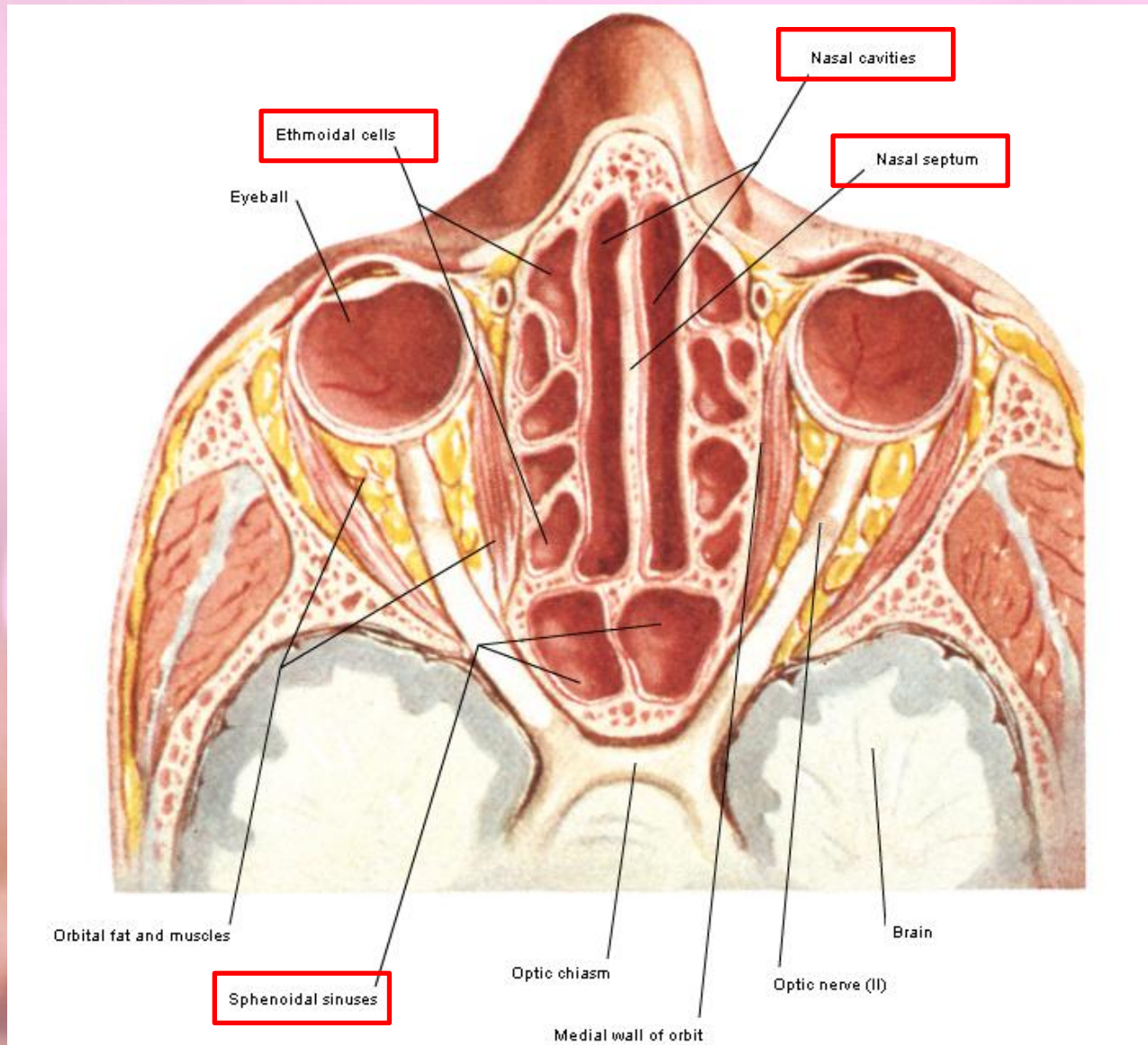
Just to imagine CT images

Coronal section

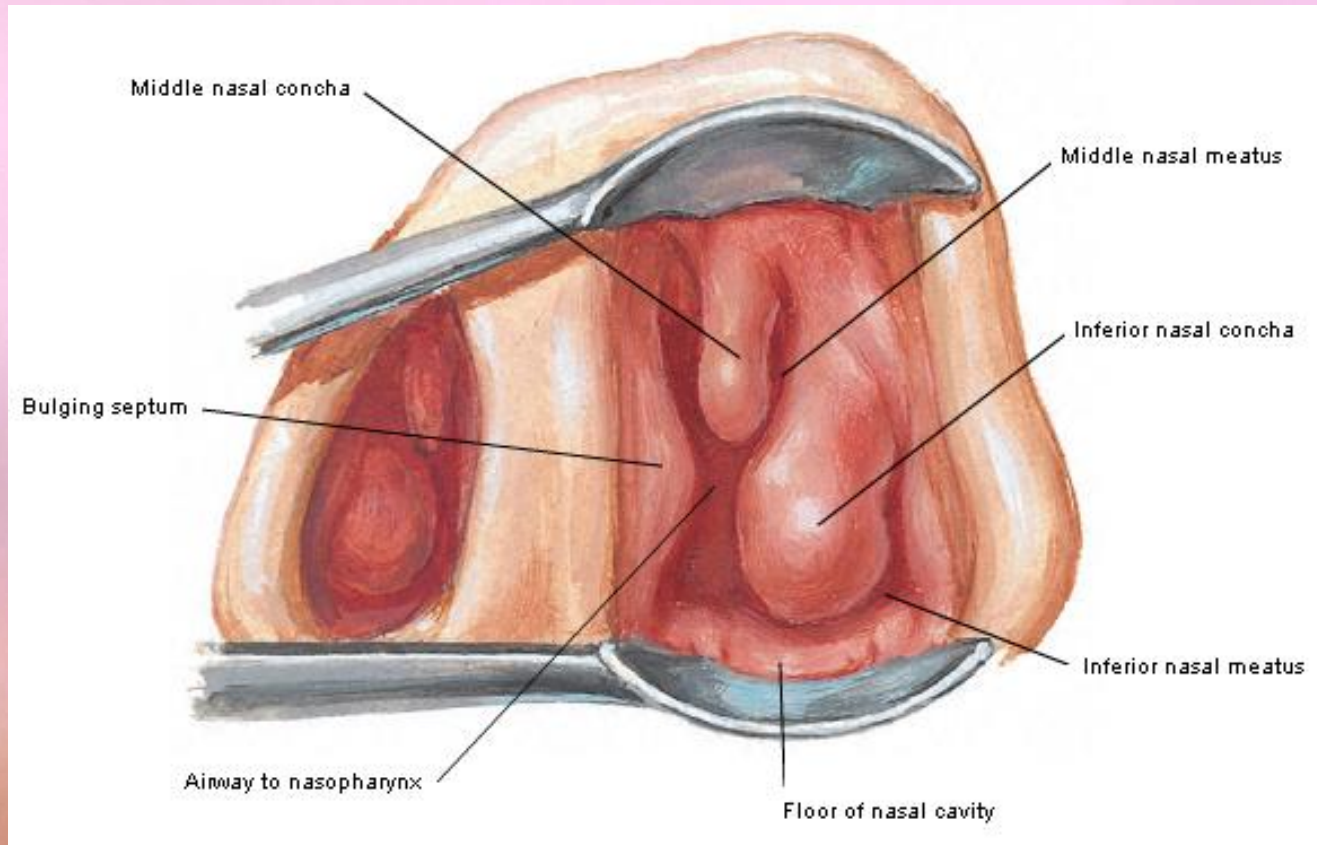


Just to imagine CT images

Axial section



Speculum view





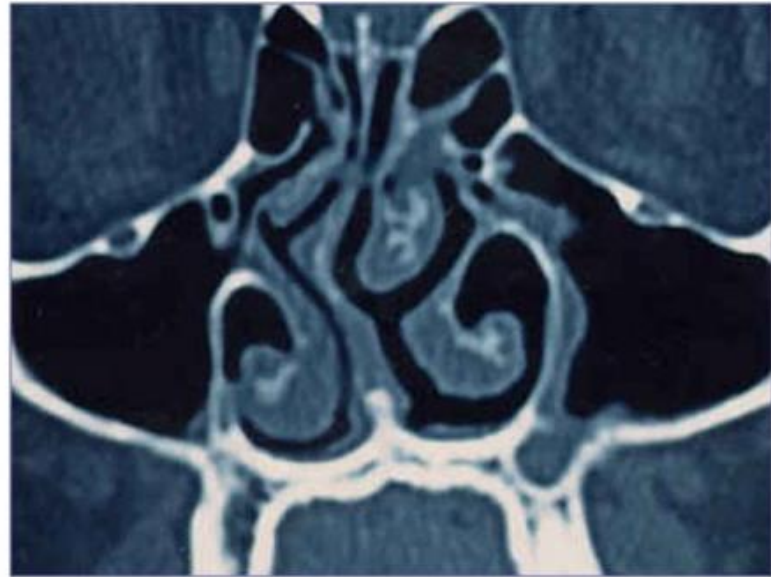
**Endoscopic view of Inferior and middle
turbinate**

Abnormalities

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Nasal septum

Septal deviation



Septal deviation (CT)

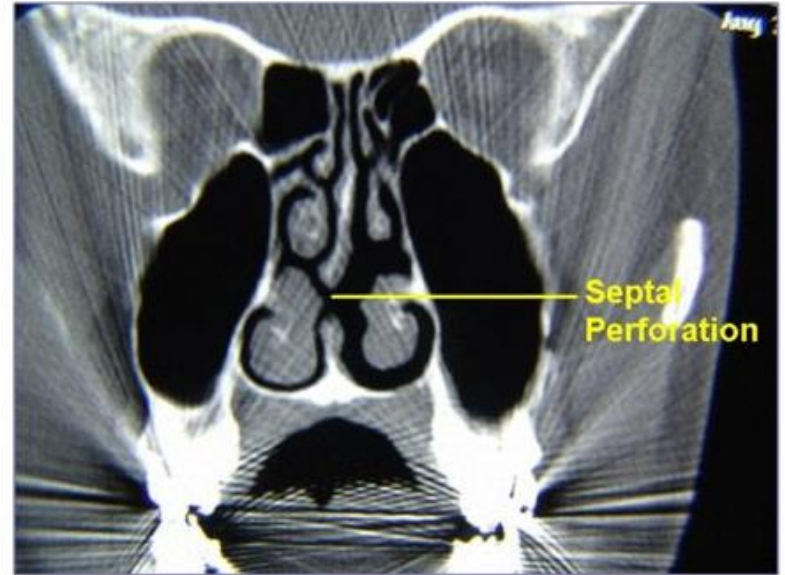
- 80% asymptomatic
- Usually presents with unilateral nasal obstruction, or bilateral due to compensatory hypertrophy of inferior turbinate on the wide side

Septal hematoma



- Most commonly caused by trauma
- Management includes drainage of blood then packing or splinting to prevent re-accumulation of blood

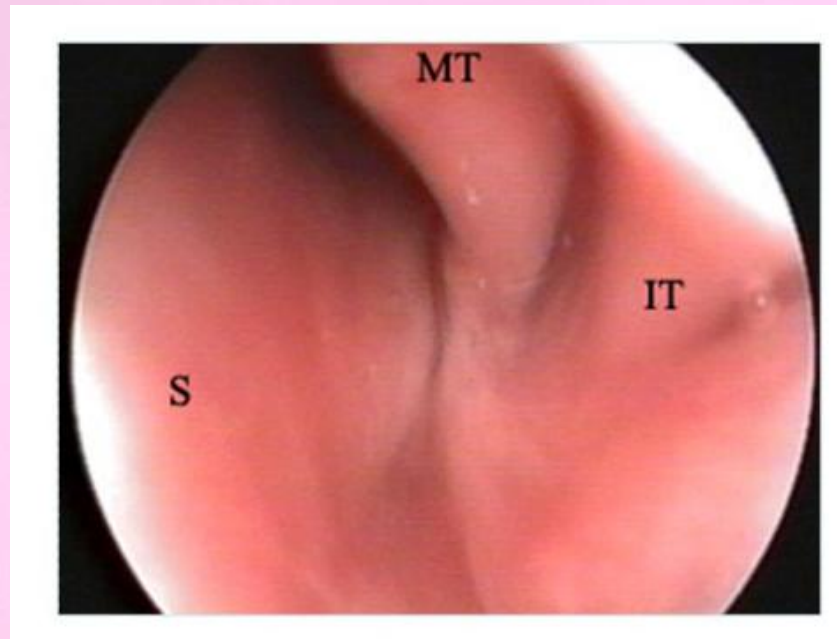
Septal perforation



Septal perforation (CT)

Most common cause >>> post-operative

Choanal atresia

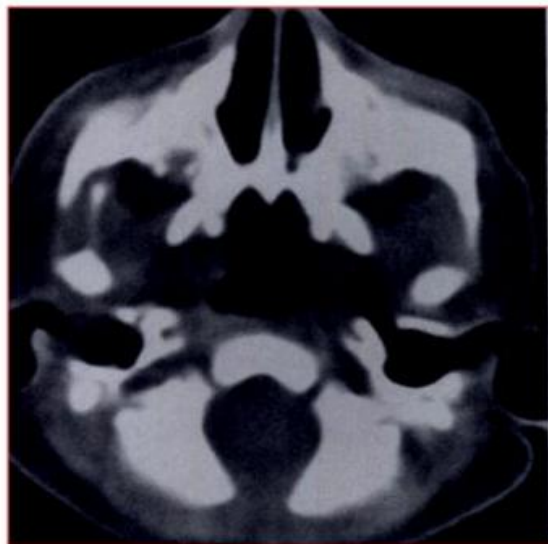


Bilateral choanal atresia	Unilateral choanal atresia
Presents with difficulty of breathing and cyanosis at birth >> EMERGENCY	Presents at older age with unilateral nasal obstruction and discharge
25%	75%

Unilateral



Bilateral

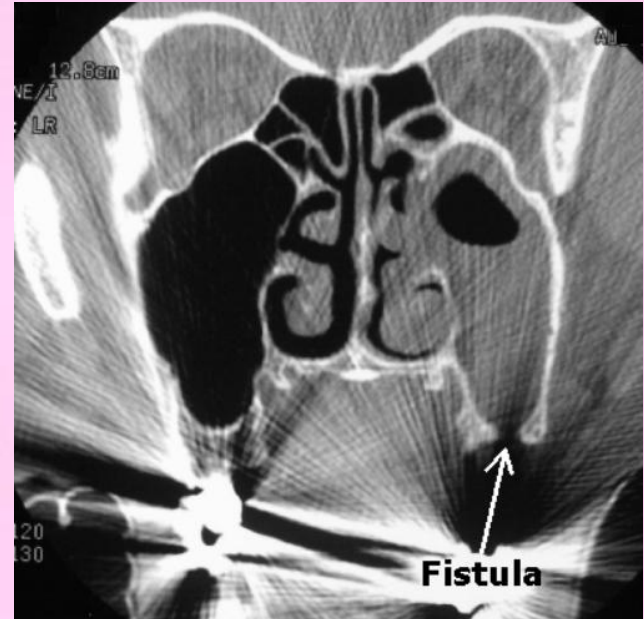
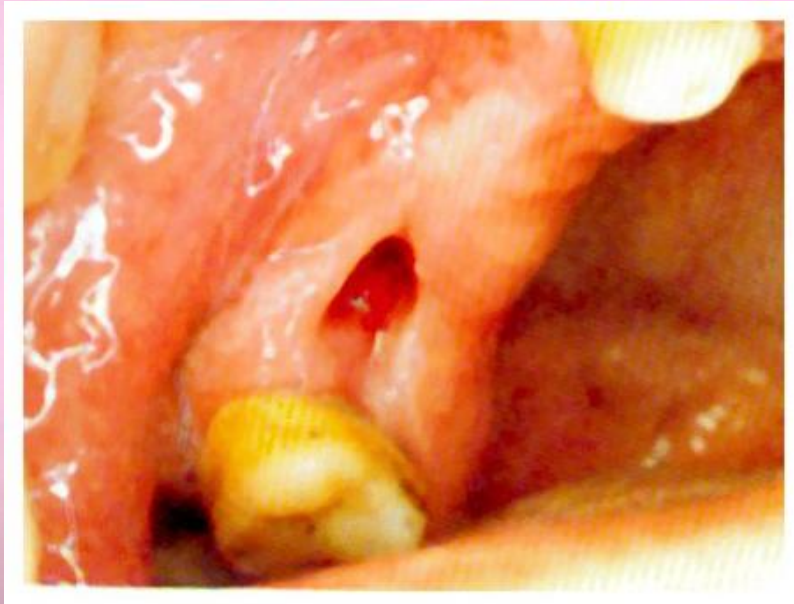


Foreign body in the nose



Most common cause of unilateral bad odor
nasal discharge in children

Oro-antral fistula



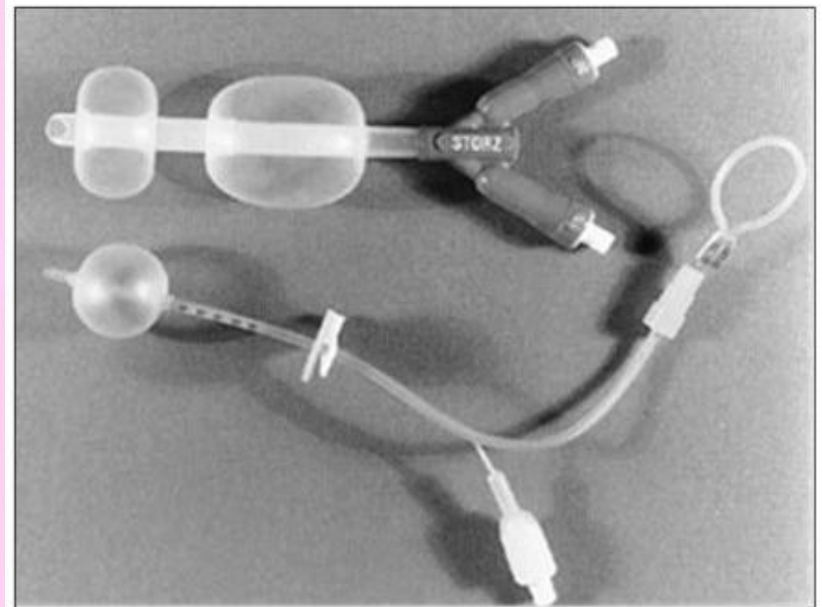
Most common cause of unilateral bad odor
nasal discharge in adults

Epistaxis



Anterior epistaxis

Kiesselbach's plexus
Idiopathic – children
More common (90%)

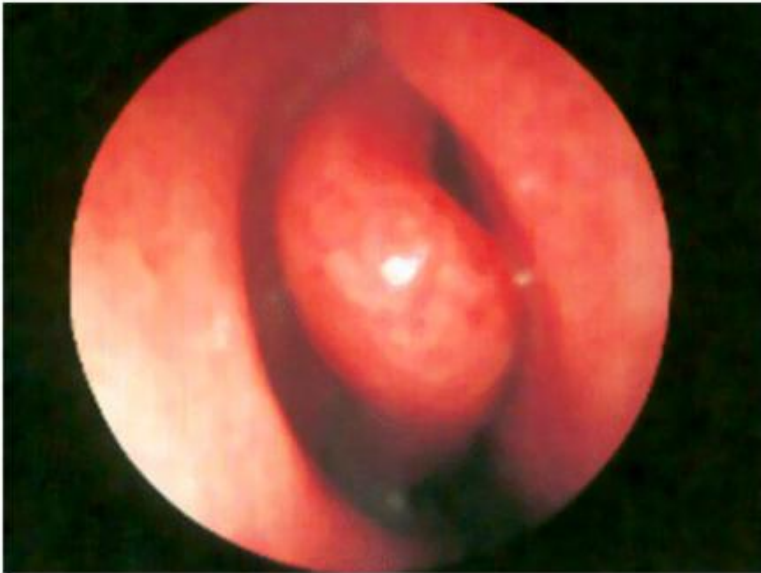


Nasal balloon

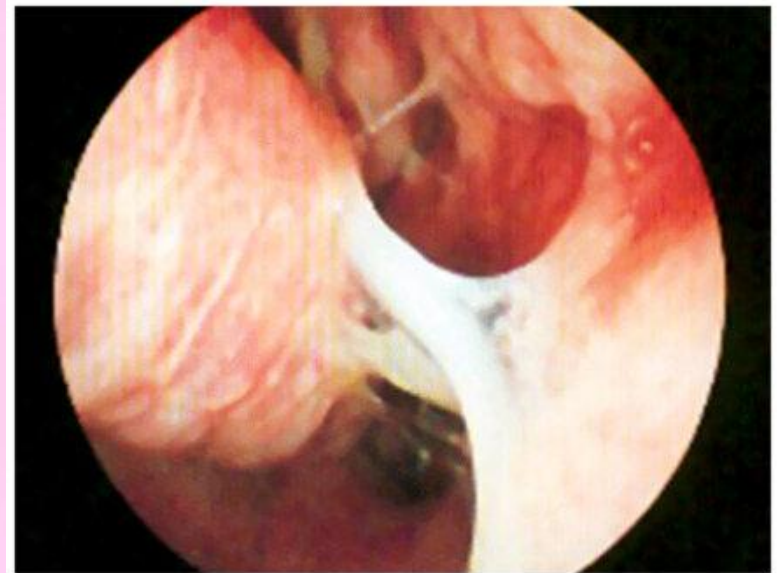
Posterior epistaxis

Sphenopalatine artery
Hypertensive – elderly
More severe

Common cold (coryza)



Common Cold (Early)



Common cold (Late)

The most common cause of nasal obstruction
Acute viral rhinitis, maybe complicated by 2ry bacterial infection

Sinusitis



Acute sinusitis



Chronic hypertrophic rhinitis



Hypertrophied inferior turbinate

Chronic hypertrophy or swelling of the inferior turbinate
presented by **Nasal obstruction**

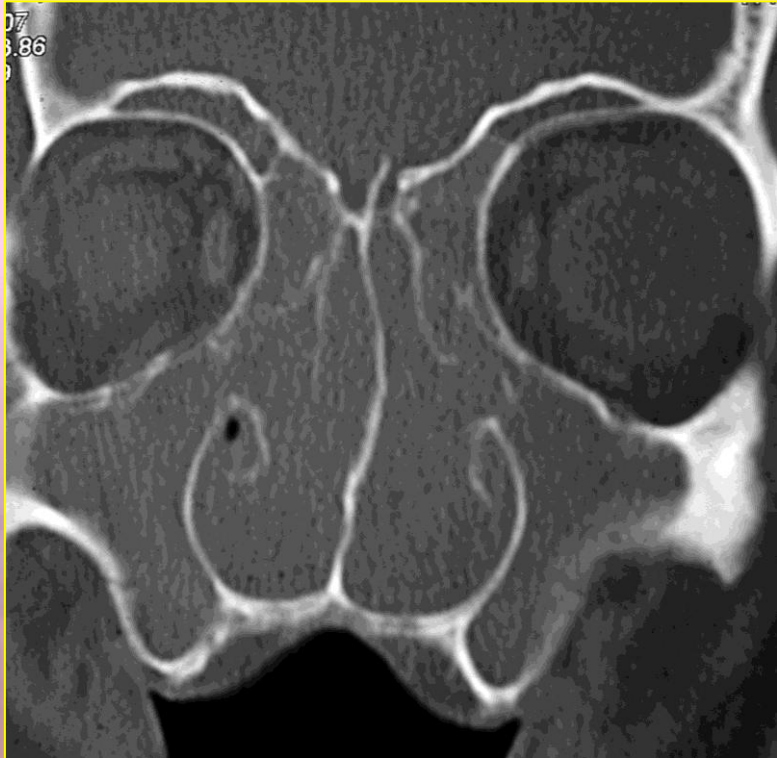
Chronic atrophic rhinitis



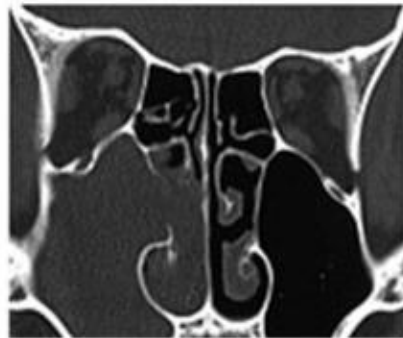
Atrophic rhinitis

Chronic inflammation and atrophy of the nasal mucosa
- 1ry "ozena" presents in young females with nasal obstruction, anosmia, fetid odor crust formation

Nasal polyps



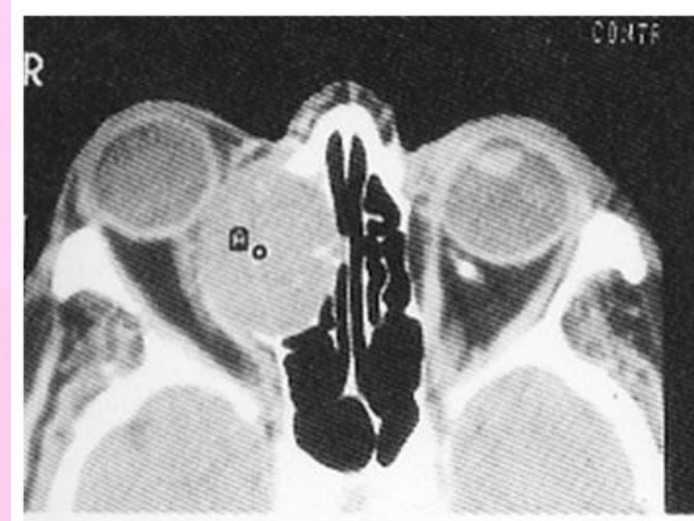
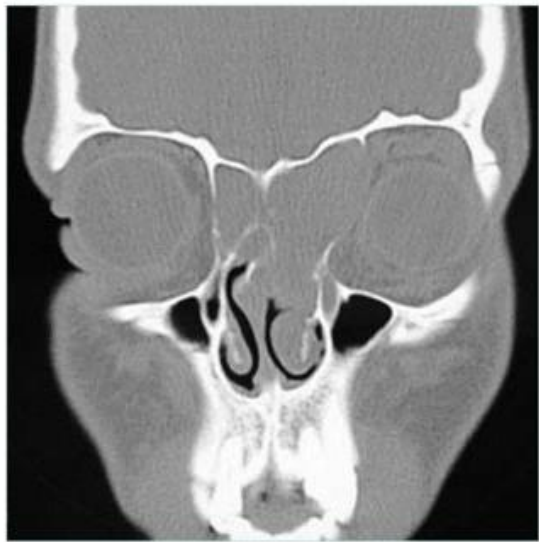
Antrochoanal polyp



Solitary polyp, originates from the maxillary antrum, passes through the posterior choana to the nasopharynx causing unilateral nasal obstruction

Complications of rhinosinusitis

Mucocele



Orbital cellulitis



Inverted papilloma

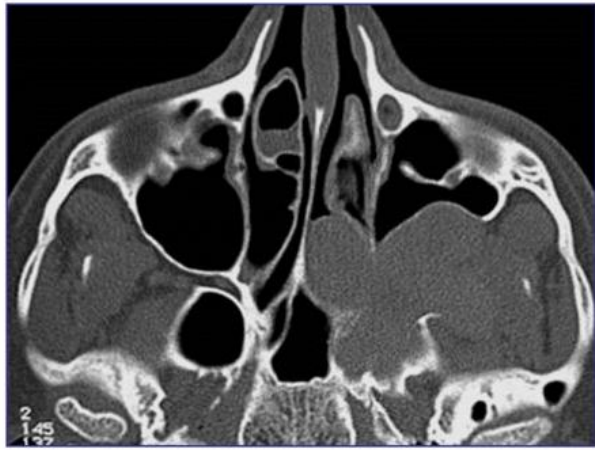


Inverted papilloma



Locally aggressive, polypoid tumor, arises from the lateral nasal wall
The most common symptom is unilateral nasal obstruction
May spread to the maxillary & ethmoid sinuses, recurrent, may turn malignant

Juvenile nasopharyngeal angiofibroma



The most common benign tumor of the nasopharynx

- Locally invasive tumor

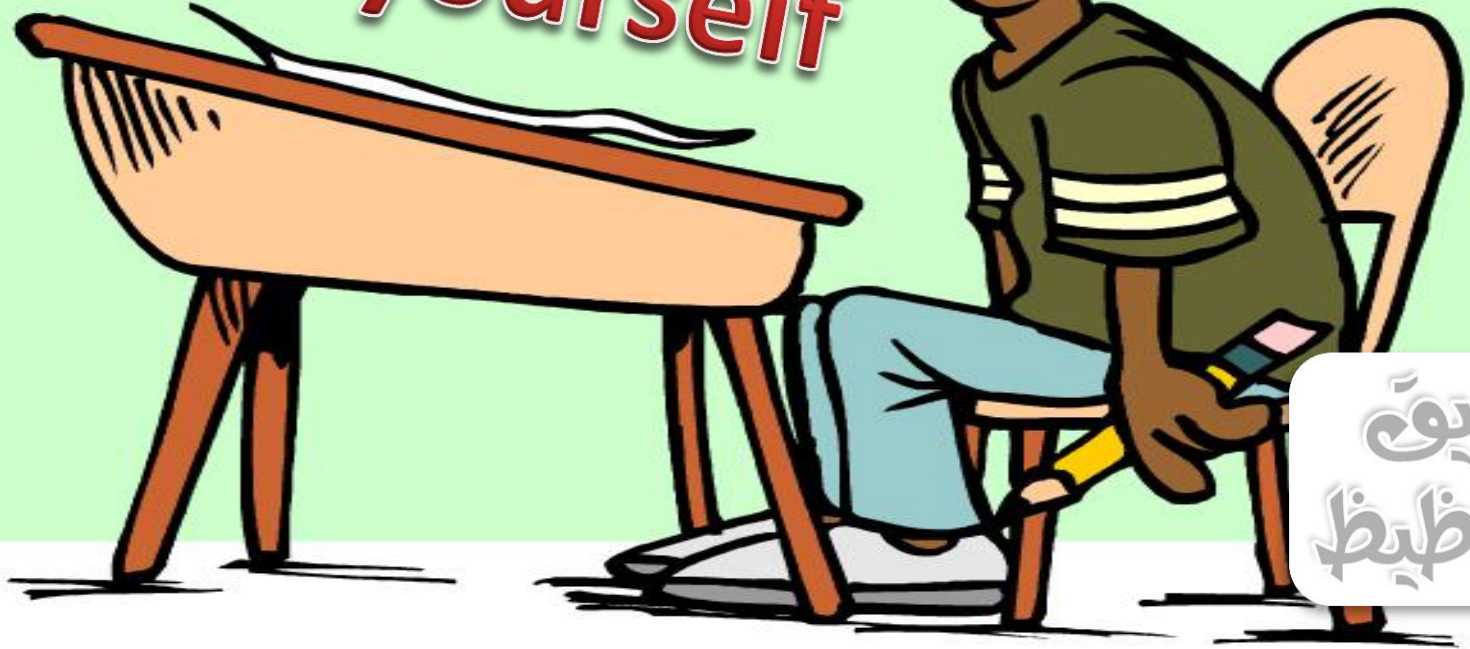
- Young male 10-20 years, present with a triad of symptoms

* nasal obstruction * recurrent epistaxis * nasopharyngeal swelling

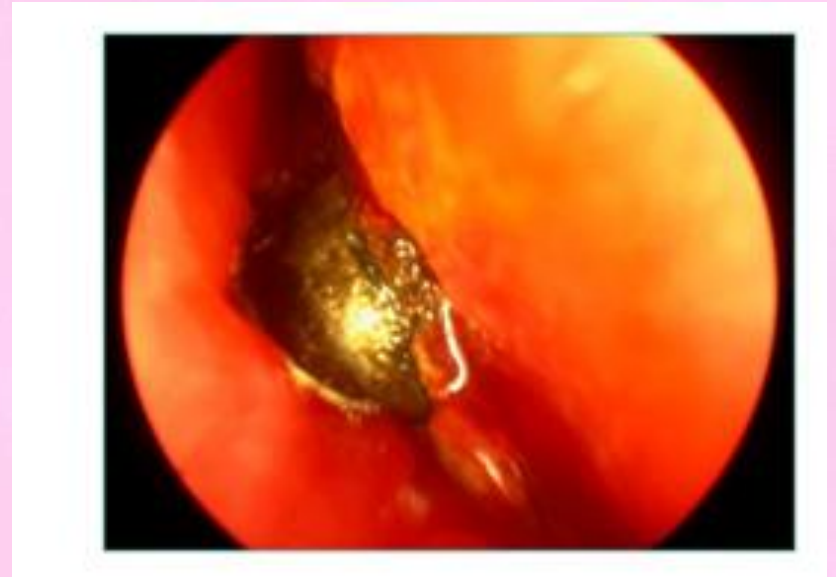
Disease	Patient	Nasal obstruction		Nasal discharge	Smell	Other symptoms
		Unilateral	Bilateral			
Septal deviation		* on the narrow side OR	* due to compensatory hypertrophy		Hyposmia	Headache Epistaxis
Unilateral choanal atresia		*		Unilateral mucous		
Foreign body	Child mostly	*		Unilateral malodorous		
Antrochoanal polyp		*				Rhinitis
Inverted papilloma		*				Epistaxis
CSF rhinorrhea				Unilateral watery	Hyposmia or anosmia	
Allergic rhinitis			*	Watery	Hyposmia	Sneezing Cough
Common cold			*	Watery		Headache
Chronic hypertrophic rhinitis			* or alternating	Mucoid	Hyposmia	
Acute sinusitis			*	Mucopurulent		Fever Pain
<u>Ozena</u>	Young adult female		*		Anosmia	Offensive odor not perceived by patient
Nasal polyps			*		Hyposmia then anosmia	



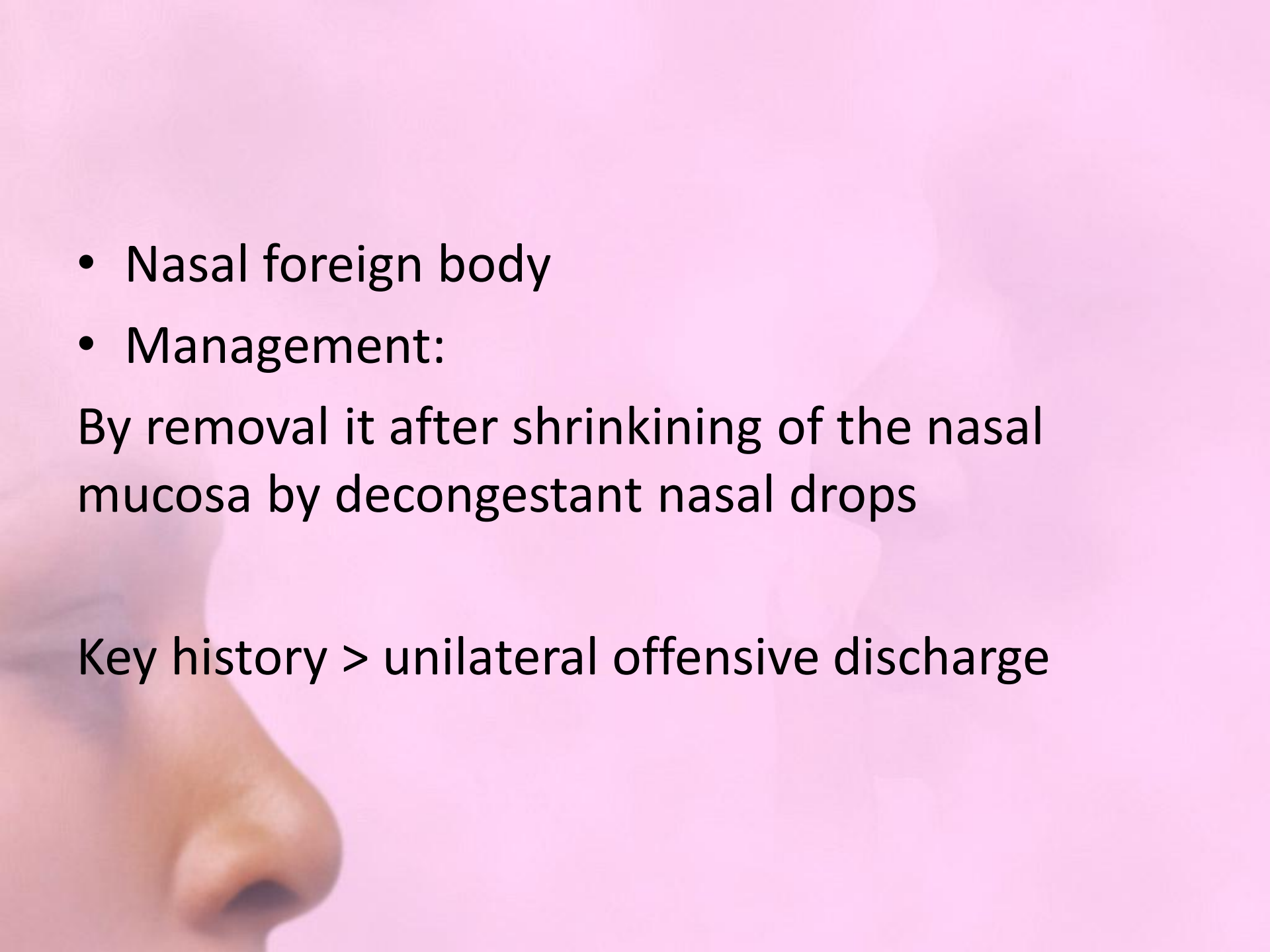
Test yourself



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what's ur diagnosis ?
how will u manage this case ?

- 
- Nasal foreign body
 - Management:

By removal it after shrinkining of the nasal mucosa by decongestant nasal drops

Key history > unilateral offensive discharge



- 1-What's ur diagnosis ?
- 2-Possible complications may occur
- 3-how to manage this case ?

- Septal hematoma
- Complications:

Septal abscess

Septal perforation due to necrosis leads to saddling of dorsum nose

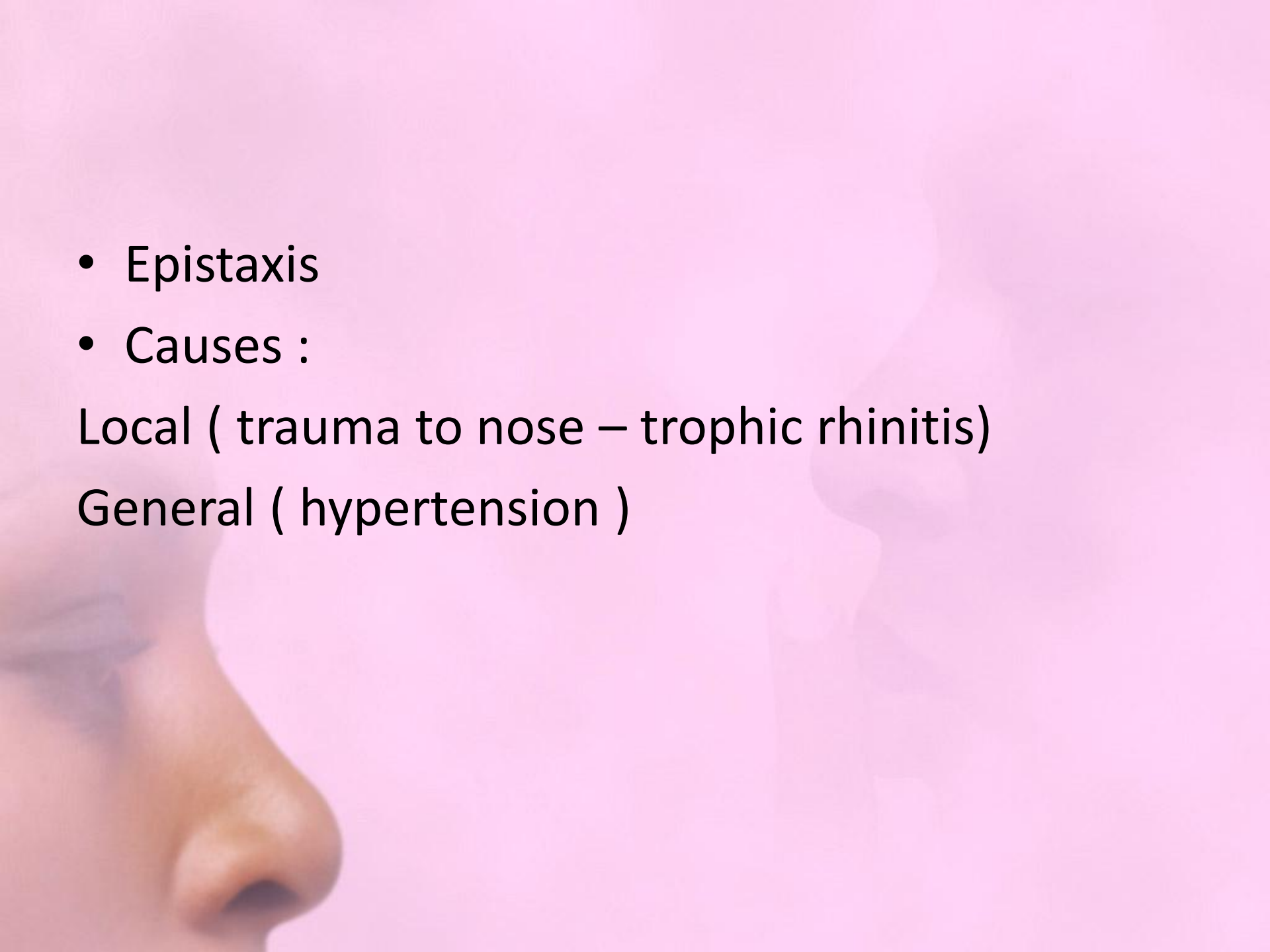
- Management:

1-incision and drainage following by packing to avoid reaccumulation of blood

2- systemic antibiotics



What's ur diagnosis ?
Causes of this case

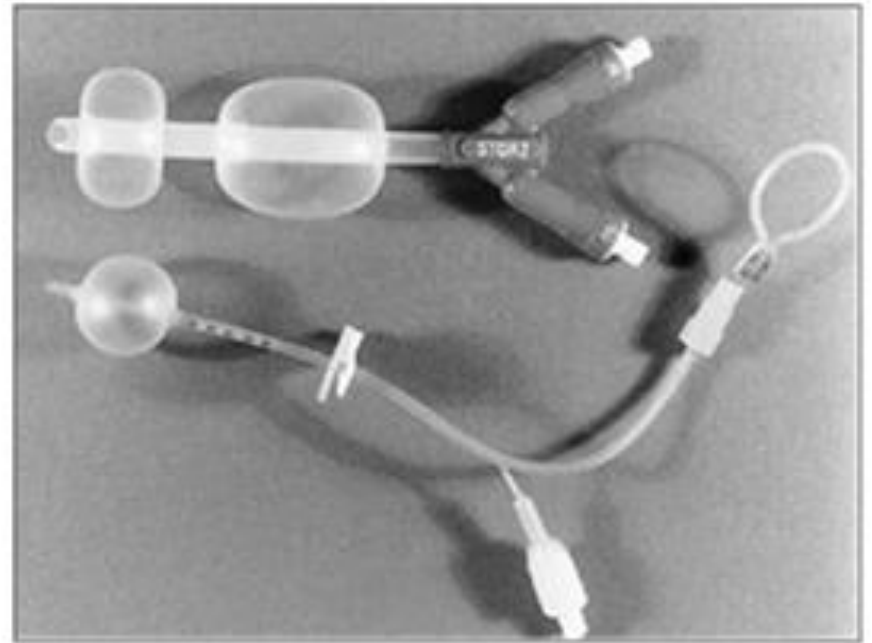
The background of the slide features a close-up, high-resolution photograph of a human nose, showing the bridge, tip, and nostrils. The image is slightly out of focus and has a soft, pinkish-purple tint, blending into the overall light pink background of the slide.

- Epistaxis

- Causes :

Local (trauma to nose – trophic rhinitis)

General (hypertension)



- Identify
- Write the indication of it

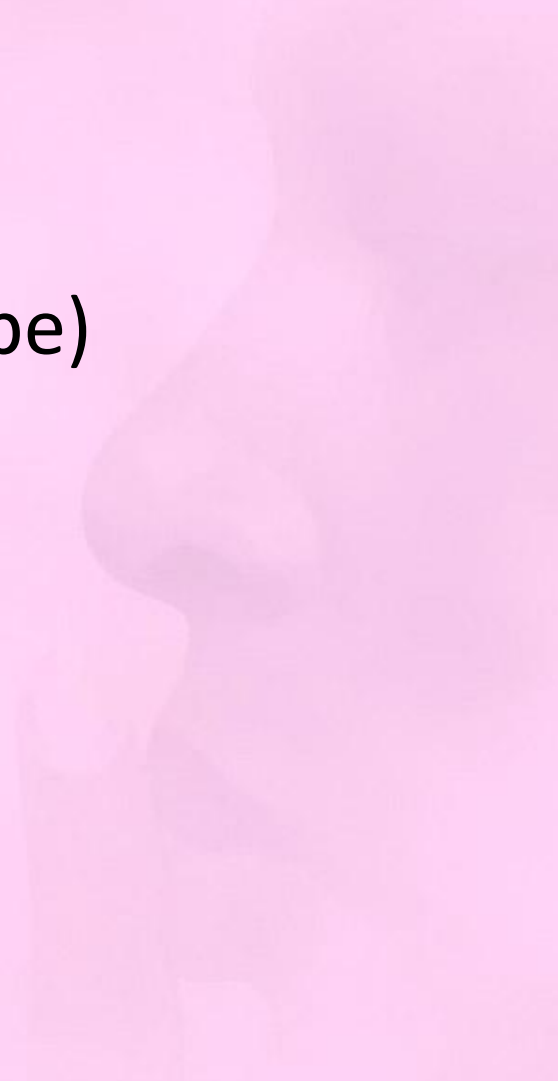
- Nasal balloon
- It is used in packing of posterior nasal epistaxis





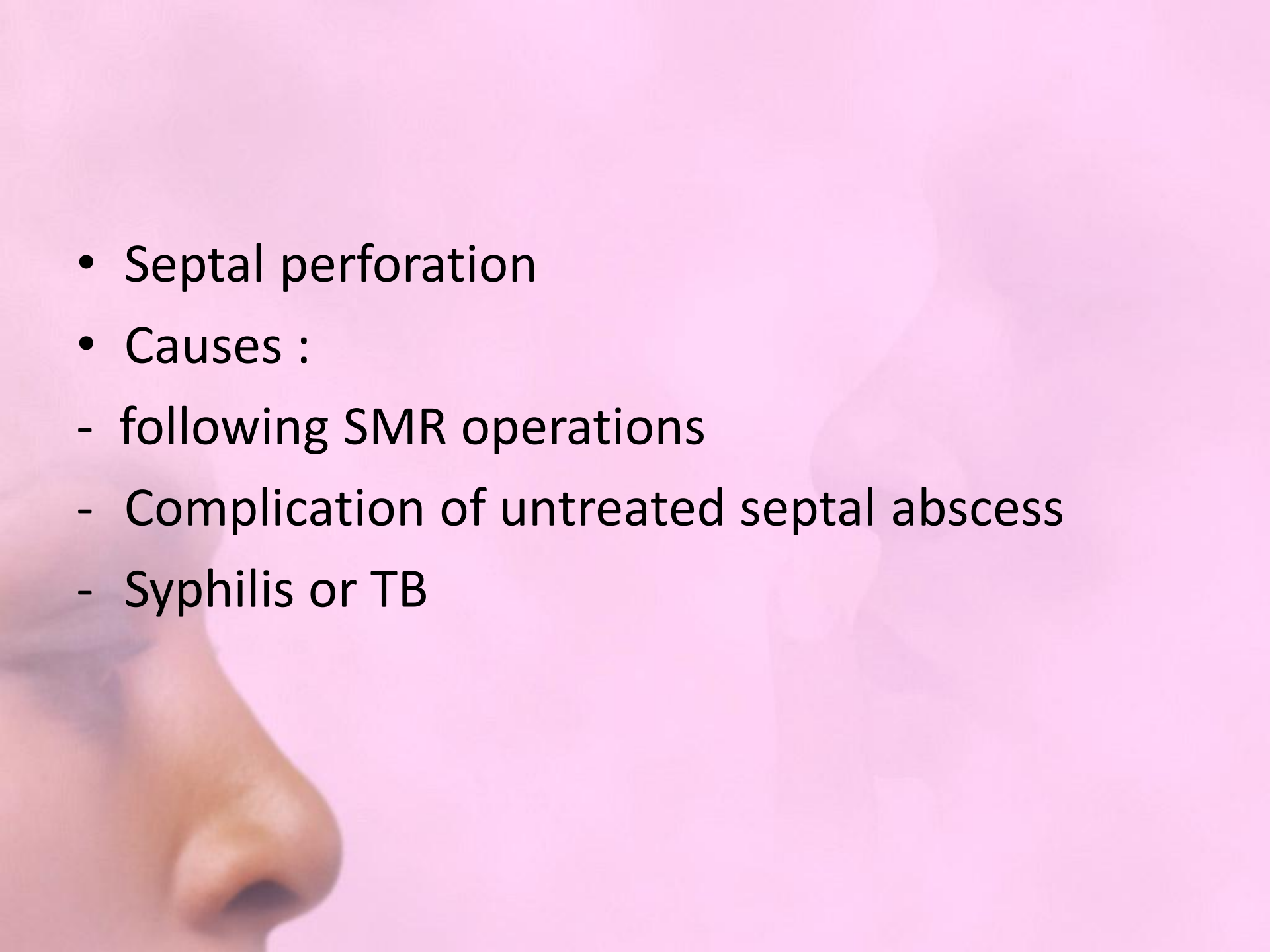
- Ur diagnosis ?

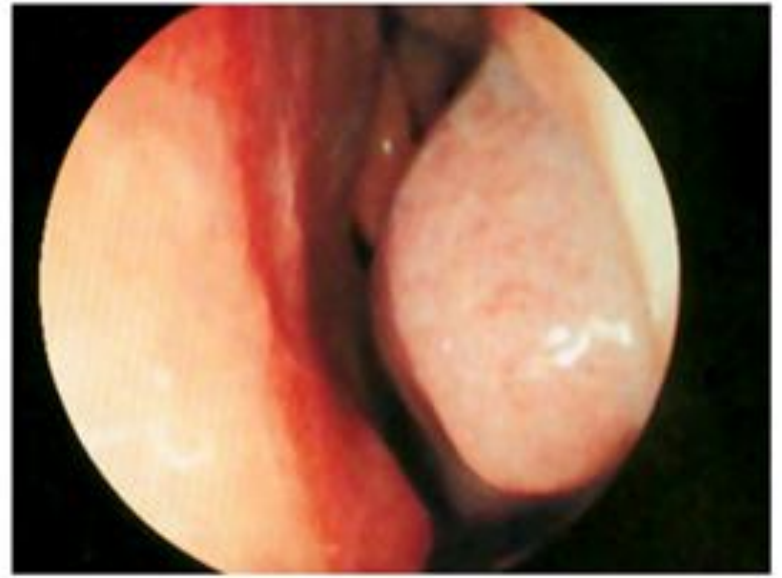
- Atrophic rhinitis
- Rhinoscleroma (atrophic type)





- Ur diagnosis ?
- Causes of this case ?

- 
- Septal perforation
 - Causes :
 - following SMR operations
 - Complication of untreated septal abscess
 - Syphilis or TB



- Ur diagnosis ?
- How to confirm this condition?

- 
- Allergic rhinitis
(chronic hypertrophied rhinitis)
 - Confirmation by:
 - 1) Nasal smears for eosinophilia
 - 2) RAST (circulating IgE antibodies for specific Ags)
 - 3) Skin tests



- Ur diagnosis ?
- What is the origin of it ?

- Antrochoanal polyp
- Arise from mucosa of maxillary sinus
- Key history.. 1- history of allergic rhinitis
2- unilateral nasal obstruction



Done by
Mariam Saad Abu El-Naga
Manar Mahmoud

Thank You

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